



PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

				Attorney	Docket No.	7413-1004					
Address t	o: Assistant Commissioner for Patents			First Nan	First Named Inventor		Richard P. Welle				
Addiess				Original I	Patent Number	5,760,	394				
		nt Application on, DC 20231			Original Patent Issue Date (Month/Day/Year)		06/02/98				
				Express	Mail Label No.	EL 380511715 US					
	TION FOR R heck applicable l		Utilit	y Patent	Design Pa	n Patent Patent Patent					
. APP	LICATION EI	EMENTS		ACC	ACCOMPANYING APPLICATION PARTS						
1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)					7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
2. 🗸 8	Specification and	Claims (amended, if a	ppropriate)	1 O. I	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations						
(if applicable)						n of Reissue Oath/Declaration					
4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) * Small E Stateme						Statement filed in prior application, nent(s) Status still proper and desired					
ا تما	Offer to Surrende	r Original Patent (37 C	C.F.R. § 1.178		11. Preliminary Amendment						
or Ribboned Original Patent Grant					12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
•	Affidavit /	Declaration of Loss (P	TO/SB/55)	13.	13. Other:						
6. Original U.S. Patent currently assigned?											
Į	Yes	✓ No									
(If Yes, check applicable box(es))											
Written Consent of all Assignees (PTO/SB/53 or 54) **NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED											
3	37 C.F.R. § 3.73(b) Statement Power of Attorney (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).										
		14. COR	RESPOND	ENCE ADDR	ESS		-				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below											
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Signature		Am C. K	filem				5/24/02				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/56 (12-97)
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7413-1004

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JG		С	laims as Fi	led -	Part 1							
Claims in		Number Filed in			(3)		Small Entity		Other than a Small Entity			
Patent	For		Application	Nun	nber Extra	Rate	Fee		Rate Fee			
24 •	Total Claims (37 CFR 1.16(j))	(B) ₃₉		15	=	x \$_9 =	135		x \$=		.s.	
G 10	Independent Claims (37 CFR 1.16(i))	(D) ₁₄		*8	· =	x \$ <u>39</u> =	312	or	x \$=		9/5	
			Basi	c Fe	e (37 CFF	R 1.16(h))	\$ <u>34</u> 5	' -		\$	Jc.	
			To	otal F	iling Fee		\$ 792		OR:	\$		
		Clain	ns as Amen	ided	- Part 2							
•	(1) Claims Remainir After Amendme	ng nt	(2) Highest Number Previously		(3) Extra Claims	Small Entity		Other than a Small Er				
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Total Claims (37 CFR 1.16(j))		MINUS	**		* =	x \$=		or	x \$=		,	
Independent Claims (37 CFR 1.1	16(i)) ***	MINUS	****		=	x \$=			x \$=			
		,	To	otal A	Additional	Fee	\$		OR	\$		
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The Co	mmissioner is here required, or credit cate copy of this sl	eby authoriany ove	orized to ch rpayment to						CFR 1.16	or 1.17 wh	nich	
A check	in the amount of	\$ 792.00		_ to c	over the f	iling / add	itional	fee	is enclose	ed.		
May 24, 2	2000	,	m		, , , ,	(W)		- 9V (or Agent o	f Record		
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Typed or printed name

JON E. HOKANSON